

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584 822

FILING DATE

6-26-06

APPLICANT(S)

CLAIMS

(1)	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12	1						62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	0	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	12	←	0	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	18		0		0		TOTAL CLAIMS	0		0		0	